

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 529397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			(1)		
2		1		(1)		
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		3				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		3				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41		(1)				
42		(1)				
43	1					
44	1	1				
45		1				
46		3				
47		3				
48		(2)				
49		(1)				
50		(1)				
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		107	←		←
TOTAL CLAIMS			109			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
59		(1)				
60		(1)				
61		(1)				
62		(1)				
63		(1)				
64		(1)				
65		(1)				
66		(1)				
67		(1)				
68		(1)				
69		(1)				
70		(1)				
71		(1)				
72		(1)				
73		(1)				
74		(1)				
75		(1)				
76		(1)				
77		(1)				
78		(1)				
79		(1)				
80		(1)				
81		(1)				
82		(1)				
83		(1)				
84		(1)				
85		(1)				
86		(1)				
87		(1)				
88		(1)				
89		(1)				
90		(1)				
91		(1)				
92		(1)				
93		(1)				
94		(1)				
95		(1)				
96		(1)				
97		(1)				
98		(1)				
99		(1)				
100		(1)				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						